Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	AL11910890	A. BUILDING: _____ B. WING _____	R 03/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE AND LOVE RETIREMENT HOME, LLC	642 EAST 21ST STREET HIALEAH, FL 33013

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{A 000}	Initial Comments A revisit survey (complaint number 2019008170) was conducted at Care and Love Retirement Home, LLC. from to . Deficiencies were identified at the time of survey.	{A 000}		
A 025 SS=D	429.26(7) FS; 58A-5.0182(1) FAC Resident Care - Supervision 429.26 (7) The facility must notify a licensed physician when a resident exhibits signs of or or has a change of condition in order to rule out the presence of an underlying physiological condition that may be contributing to such or . The notification must occur within 30 days after the acknowledgment of such signs by facility staff. If an underlying condition is determined to exist, the facility shall arrange, with the appropriate health care provider, the necessary care and services to treat the condition. 58A-5.0182 An assisted living facility must provide care and services appropriate to the needs of residents accepted for admission to the facility. (1) SUPERVISION. Facilities must offer personal supervision as appropriate for each resident, including the following: (a) Monitoring of the quantity and quality of resident diets in accordance with rule 58A-5.020, F.A.C. (b) Daily observation by designated staff of the activities of the resident while on the premises, and awareness of the general health, safety, and physical and emotional well-being of the resident. (c) Maintaining a general awareness of the resident's whereabouts. The resident may travel independently in the community.	A 025		

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A 025	Continued From page 1 (d) Contacting the resident's health care provider and other appropriate party such as the resident's family, guardian, health care surrogate, or case manager if the resident exhibits a significant change. (e) Contacting the resident's family, guardian, health care surrogate, or case manager if the resident is discharged or moves out. (f) Maintaining a written record, updated as needed, of any significant changes, any illnesses that resulted in medical attention, changes in the method of medication administration, or other changes that resulted in the provision of additional services. This Statute or Rule is not met as evidenced by: Based on observation interview, and record review, the facility failed to maintain an updated written record of any significant changes or any illnesses that resulted in the medical attention for two out of three sampled residents (Resident #1 and #2). Findings included: Observation on revealed that Resident #6 and Resident #7 were not in the facility. On at 07:43 AM, 07:43 AM Staff F stated that Resident #7 went to the hospital to have surgery. On at 07: 46 AM, Staff G stated that Resident #6 was in hospital. A review of Resident #1's observation log dated revealed that Resident #7 went to the hospital on . The facility did not state the reason that Resident #1 went to the hospital.	A 025		

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A 025	Continued From page 2 On at 09:15 AM, Staff H stated, "What happened was, the driver came to pick him (Resident #7) up here. He dropped him off at the doctor's office but did not take him to the 4th floor where he was supposed to go. Resident #1 never made it to 4th floor. At that point I reported him eloping instead of hospitalization." A review of Resident #6's observation log dated showed that Resident #6 returned from the hospital. The facility did not state the reason Resident #6 went to the hospital. The facility also failed to document the date and reasons that Resident #6 went to the hospital in A review of the facility's hospital log revealed that Resident #6 went to the hospital on due to Class III	A 025		